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(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/701,065	11/05/2003	Peter Boda	59643.00345	6296					
TITLE OF INVENTION CONNECTION SET LIP IN A COMMUNICATION SYSTEM									

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/20/2007
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
GARY, E	GARY, ERIKA A 2617		455-432100	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Idress form PTO/SB/122) attached.  Fee Address" indication (or "Fee Address" Indication form P1O/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a member igent) and the names of up meys or agents. If no name	era 2 & ODEMPS	SANDERS

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Arlene P. Neal

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(A) NAME OF ASSIGNEE

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